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Protective Mask/Respirator Issue Card		
Name: _____		
_____ Last	_____ First	_____ MI
Job Title: _____		
Type of respirator:		
Military mask	Half-Face	Emerg Br Apparatus
Supplied Air	Full-Face	PAPR SCBA
Size: _____	MFG: _____	Model: _____
Optical inserts required?	Yes	No
SSB Form 1245a-R, 1 Mar 00 (Supersedes STEAP-SH Fm 57 & SCBRD Fm 1129a-E, which will not be used)		

The individual assigned this respirator has been medically evaluated and approved IAW 29 CFR 1910.134 to use a respirator/protective mask.	
_____ Physician Signature	_____ Date
The individual assigned this respirator has received training IAW 29 CFR 1910.134.	
_____ Respiratory Protection Specialist Signature	_____ Date
Expiration Date: _____	